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FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001921 (3)**

1. Corporation Name

**THE SIMON BOLIVAR INSTITUTE, INC.**

Principal Place of Business

**970 WEST 32ND STREET  
HIALEAH FL 33012**

Mailing Address

**970 WEST 32ND STREET  
HIALEAH FL 33012-5040**



3. Date Incorporated or Qualified  
**04/09/1996**

3a. Date of Last Report

4. FEI Number

**65-0658762**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**ROJAS, FRED A  
970 WEST 32ND STREET  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOMEZ, BURT</b>	
STREET ADDRESS	<b>9130 SO DADELAND BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, ANA MARIA</b>	
STREET ADDRESS	<b>101 HIALEAH DRIVE BARNETT BANK</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MELIANS, DIEGO</b>	
STREET ADDRESS	<b>13280 SW 98TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NIETO, LOURDES</b>	
STREET ADDRESS	<b>1400 NW 12TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, MANNY</b>	
STREET ADDRESS	<b>4200 W FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROJAS, FRED A</b>	
STREET ADDRESS	<b>970 WEST 32ND ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARIO JARDON</b>	
1.3 STREET ADDRESS	<b>4175 W 20TH AVE</b>	
1.4 CITY-ST-ZIP	<b>HIALEAH, FL 33012</b>	
2.1 TITLE	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CARLOS LEONARD</b>	
3.3 STREET ADDRESS	<b>501 PALM AVE</b>	
3.4 CITY-ST-ZIP	<b>HIALEAH, FL 33010</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CHIEF ROLANDO BOLAÑOS</b>	
4.3 STREET ADDRESS	<b>POLICE BUILDING, 5000 88TH AVE, HIALEAH</b>	
4.4 CITY-ST-ZIP	<b>HIALEAH, FL 33010</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D/P/STT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRED A. ROJAS**

**(305) 579-2648**

Date

Daytime Phone # 0022672

CR2E037 (9/96)